

Libraries - Planning and Management in a time of Change 2

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LIBRARIES -- PLANNING AND MANAGEMENT IN A TIME OF CHANGE

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OLD INSTITUTIONS: NEW MEDICAL SCHOOL

The new Imperial College School of Medicine will be formed by merging several well established and well known medical institutions with Imperial College.

The Imperial College of Science and Technology, a federation of colleges, was established in 1906 on land in South Kensington purchased with profits of the Great Exhibition 1851. It comprises; the Royal College of Science developed from Royal College of Chemistry founded in 1845 by the Prince Consort, the Royal School of Mines founded 1851 as the Government School of Mines and Science applied to the Arts, and the City and Guilds College founded 1884 by the City and Guilds of London Institute.

Imperial College was joined in 1988 by St Mary's Hospital Medical School founded 1854, and in 1995 by the National Heart and Lung Institute founded in 1972 by the merger of the Institute of Cardiology and the Institute of Diseases of the Chest both established in 1946. This formed the Imperial College of Science Technology and Medicine.

It will be joined in August 1997 by Charing Cross and Westminster Medical School formed in 1984 from the merger of Charing Cross Hospital Medical School founded in 1818, and Westminster Hospital Medical School. Students had been taught at Westminster Hospital since 1719 and the Medical School founded in 1834.

The Central library at South Kensington also operates joint services with the Science Museum Library with which it shares a building.

CHANGES IN SIZE AND GEOGRAPHY

The mergers will produce the largest concentration of scientific and medical teaching, research and clinical care in the United Kingdom. The new School will have about 1800 students on 50 sites, including associated hospitals in the west London area where there will be clinical placements for the students and teaching by specialist staff. These will join approximately 7,000 students and 1,300 academic and research staff in non medical subjects who are already in the College. It is the intention that the

activities of the Medical School will be fully integrated into the life of the rest of the College. The final establishment will include staff and students from varied backgrounds and traditions bringing different philosophies, strengths and weaknesses to the enterprise. The intention of the merger is to achieve academic excellence, not to save money. There are of course some apprehensions on both sides. Will the nonmedical part of the College be swamped by the large influx of medics? What will happen about historic names? What will happen to the rugby teams? Overall, though, the attitude of most of those involved is one of interest and optimism.

A new Biomedical Sciences building which is under construction at South Kensington will be shared by the Medical School and the existing IC Biology Department. Also at South Kensington, two floors are being added to the Central Library permitting the expansion of the Life Sciences Collection to include medicine, and the Management Collection to include environmental and health service management, medical ethics and some related social science. The Library entrance and issue desk area have been redesigned in view of the anticipated increase in the number of users. The medical students will be expected to use the library services and stock at South Kensington as a whole, as do other members of the College, and there will not be a separate medical library.

Each of the institutions involved in the merger has its own library, and these will continue to support teaching and research at their respective locations whilst becoming available to everyone in the Medical School.

NEW MEDICAL CURRICULUM

The changes are not only in size and geography (i.e. an increased number of sites) but also involve a complete revision of the medical curriculum in accordance with the report of the General Medical Council 'Tomorrow's Doctors' ([1](#)). Its main features being:

- It is a six year course.
- Clinical and non-clinical studies are integrated throughout the course and there will be direct contact with patients and experience in general practice from the first year onwards.
- Essential basic knowledge is taught in the Systems and Topics part of the course which is a series of short courses on body systems (e.g. cardiovascular) and topics (e.g. infection, immunity and neoplasia)
- Problem based learning is used throughout the course in the Doctor/Patient section, The problems being related to work done in the systems and topics sections.
- All students do a BSc as well as the qualifications needed to practise medicine. The BSc includes projects that can be done in any of the College departments.
- Engineering entry students will study for a BSc in electrical engineering for three years and then convert to the medical course for the last three years. They will graduate as both electrical engineers specialising in biological and medical systems, and doctors.
- IT is integrated throughout the course (Computer Assisted Learning, submission of work, email contact with tutors, bibliographic sources etc.)

INFORMATION SUPPORT

There are several committees involved in planning the whole merger operation. At the

highest level is the Medical Mergers Committee, but the two with which the Library has been particularly involved are the Medical Information Infrastructure Committee and the Medical Libraries Working Party.

Medical Information Infrastructure Committee.

This has had the responsibility of planning and implementing the network to support the new school and includes representatives from the Dept Electrical Engineering, IC Centre for Computing Services and the computing services from the other sites, the Medical Education Unit, Estates and Administration and the Library.

Because multiple sites and the requirements of the new course require its students and staff to be considerably dispersed, the Medical School relies on the extensive use of electronic methods. It is envisaged that a large proportion of the teaching will be done using videoconferencing, email, and use of the College WWW site and Intranet.

Students and staff will have access to electronic information resources, including images, from wherever they are working; lecture theatre, laboratory or library.

Specialist lectures and demonstrations can be given from the workplace and observed and commented on by students at other sites. In the new Library extension there will be wiring to the desktop.

The library's part in the information infrastructure is shown in the chart .

Medical Information Infrastructure Interaction with Library Services

The following areas have been identified as important.

Search for bibliographic information	1) LIBERTAS online library system and in house databases (e.g. IC publications database). 2) IC networked CDROMs (currently include MEDLINE & Biol Abs.) 3) External networked databases (includes BIDS)	Quick and easy access from within MII, for example to call up references during a lecture or demo, or from the desktop. Wiring in new Library extension is to each reader place.
Obtain full texts	1) Electronic journals 2) Inter-site document delivery 3) Inter-site book loans 4) Inter-library loans and document delivery	Aim to have means of receiving and printing documents electronically at the desktop, in the IT areas of the libraries serving the Medical School, and at departmental workstation clusters and students' computing facilities.
Student support	1) Course reading matter and	This area is being explored in conjunction with the ICCCS pilot project

	information about it. 2) Exam papers 3) Material for Problem Based Learning	to supply course material to particular groups of students via WWW
Communication	Library notices, reminders etc by email to users	Already available at IC.
Archiving	1) Theses in electronic form 2) Videos	1) University Online Theses Group 2) Need secure issue and viewing for confidentiality.
Security	PCs and workstations in open access areas	Secure logging out as well as logging in.
Equipment	Library to complement provision in Departments	Library has responsibility for bibliographic provision, not CAL, wordprocessing etc

Medical Libraries Working Party

The Medical Libraries Working Party which was set up in 1996 to consider the mechanics of adapting the existing IC Library Policy to the new circumstances is making recommendations in all areas other than personnel. It consists of the Librarians of all the clinical sites and is chaired by the Collection Development Sub Librarian of Imperial College.

IC already has a very devolved system of library provision which great emphasis is placed on contact at local level. There is a Central Library, fourteen Department libraries plus the two medical libraries belonging to the institutions which have already merged. The incoming institutions should be able to integrate into this network without losing their responsiveness at site level.

The existing IC Library Policy divides the responsibilities for library provision between the Central and Department Libraries.

In the area of information resources the Central Library has College wide responsibility for:

- provision of central electronic information retrieval services.
- funding and ordering, but not completely housing a core periodicals collection.
- support for students.
- interdisciplinary material.
- LIBERTAS system or its successor.
- Coordinating role in college library activities.

The Department Libraries have responsibility for specialist provision in the field of interest of their Department.

The Policy operates on a basis of dual funding viz Central and Departmental. The

clinical site libraries already have more than one source of income, i.e. HEFCE (Higher Education Funding Council for England) and other, mainly NHS (National Health Service). It is by aligning these funding systems that the Library Policy is being extended to the medical libraries. Two years of 'ringfencing' for existing funding arrangements should provide time for the necessary adjustments to be made and to embark on the transition to electronic sources wherever possible.

NEW PERSPECTIVES AND PROJECTS

At present we can see various new aspects to our work, and some of the topics which have been occupying our thoughts are indicated here. More will no doubt emerge before the arrival of the first students in October 1998.

The Central Library at South Kensington, which houses the IC and Science Museum Libraries is open to the public. This is not a situation which usually applies to medical stock and the repercussions of it, on both staff and users are as yet unknown. In addition for Central Library staff there will arise unfamiliar issues such as the rules of confidentiality associated with certain types of stock, eg medical videos.

Centralised purchasing (but not receipt) of periodical subscriptions for printed and electronic formats, in order to achieve maximum discounts, best terms for networking licences, claims for VAT exemption on CDROMs etc. Production of management statistics for College, HEFCE, and SCONUL should be made easier.

Rationalisation of collecting profiles over all sites. It is expected that funding will follow teaching and research on all sites with the Central Library continuing as the major supplier of student reading and textbooks.

Specific bookfund allocations to alleviate increased demand on IC non medical stock in the Central and Department Libraries (e.g. statistics, environmental sciences, imaging etc) are foreseen.

A combined archive set of periodicals and books is to be established at South Kensington where the Science Museum Library already has extensive holdings. Material will be transferred from the clinical sites as space there is needed to accommodate current acquisitions. An existing valuable resource will therefore be enlarged for the common benefit.

The total stocks of the constituent libraries will constitute a larger document delivery pool on which to draw before looking outside. However the present system of inter-site document delivery is an informal one which is becoming increasingly unsuitable as demand rises. It will need to be reorganised if it is to include services to the Medical School. In particular, the present settlement on a "knock for knock" basis generates no income for staffing a growing service, nor is it adapted for non HEFCE funded users.

The clinical site libraries already provide charged services to non HEFCE funded users. In some cases (i.e. services to the NHS Region) local Service Level Agreements exist. In other cases there is no written agreement. Existing agreements will be replaced by a unique one between the Imperial College School of Medicine which will extend to the provision of some additional services by the Central Library, although this is not expected to include direct borrowing rights.

The accommodation for problem based learning will be largely at the clinical sites. These libraries have major rearrangements to make if the increased intensity of use of bibliographic resources which has been found to accompany this teaching method elsewhere materialises at IC.

Projects

Staff of the libraries involved in the merger are participating or are interested in a number of internal and external projects. Included are experiments in providing course reading material via the Intranet and with students using portable computers in the Department and Libraries. Other areas of interest are MIDRIB (2), OMNI (3) and the work of the University Theses Online Group.

We have another academic year before the beginning of the new course and a great more work still to do. We feel that we have made a reasonable beginning and have a good basis from which to move forward.

REFERENCES

1. General Medical Council. Education Committee. Tomorrow's doctors: recommendations on undergraduate medical education. London, GMC, 1993. x-75-267399-7
2. MIDRIB (Medical Images Digitised Reference Information Bank) An Electronic Libraries Programme project. <http://www.midrib.ac.uk/>
3. OMNI (Organising Medical Networked Information) An Electronic Libraries Programme project. <http://omni.ac.uk/>